

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4						
5						
6						
7	6					
8	6					
9	6					
10	6					
11	6					
12	(1)					
13	6					
14	6					
15	6					
16	6					
17	6					
18	6					
19	6					
20	6					
21	6					
22	6					
23	6					
24	6					
25	6					
26	6					
27	6					
28	1					
29						
30						
31						
32						
33						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	27					
TOTAL CLAIMS	128					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						